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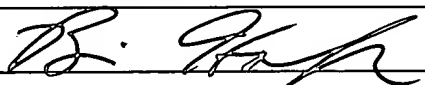
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PTO/SB/05 (2/98) (modified)
Approved for use through 9/30/2000, OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| NEW UTILITY PATENT APPLICATION TRANSMITTAL <i>(only for new nonprovisional applications under 37 CFR 1.53(b))</i> | Attorney Docket Number | 21706-04982 |
| | First Named Inventor | James H. Parry et al. |
| | Total Pages in this Submission | 39 |
| | Express Mail Label No. | EL541495110US |

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| APPLICATION ELEMENTS 1. <input checked="" type="checkbox"/> Fee Transmittal Form (in duplicate) <input checked="" type="checkbox"/> Check Enclosed 2. <input checked="" type="checkbox"/> Specification <i>(preferred arrangement set forth below)</i> <input type="checkbox"/> Descriptive Title of the Invention <input type="checkbox"/> Cross Reference(s) to Related Case(s) <input type="checkbox"/> Statement Regarding Fed sponsored R & D <input type="checkbox"/> Background of the Invention <input type="checkbox"/> Brief Summary of the Invention <input type="checkbox"/> Brief Description of the Drawing(s) <input type="checkbox"/> Detailed Description <input type="checkbox"/> Claim or Claims <input type="checkbox"/> Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (when necessary per 35 USC 113) 4. Oath or Declaration a. <input checked="" type="checkbox"/> New Declaration <input checked="" type="checkbox"/> Executed b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked). The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | ACCOMPANYING APPLICATION PARTS 6. <input checked="" type="checkbox"/> Assignment & Assignment Recordation Cover Sheet 7. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 8. <input type="checkbox"/> Information Disclosure Statement & PTO-1449 <input type="checkbox"/> Copies of IDS Citation(s) 9. <input type="checkbox"/> Preliminary Amendment 10. Small Entity Statement <input type="checkbox"/> New Statement enclosed <input type="checkbox"/> Statement filed in prior application. Status still proper and desired 11. <input checked="" type="checkbox"/> Return Postcard 12. <input type="checkbox"/> 13. <input type="checkbox"/> 14. <input type="checkbox"/> 15. <input type="checkbox"/> 16. <input type="checkbox"/> ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231 |
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17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in a preliminary amendment:
☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: ____/____
 Prior application information: Examiner: _____ Group/Art Unit: _____

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|-----------------------------------|---|-----------|----------------|-----------------------------------|--------------------|
| 18. CORRESPONDENCE ADDRESS | | | | | |
| NAME | Brian M. Hoffman Fenwick & West LLP | | | | |
| ADDRESS | Two Palo Alto Square | | | | |
| CITY | Palo Alto | STATE | CA | ZIP CODE | 94306 |
| COUNTRY | U.S.A. | TELEPHONE | (415) 875-2484 | FAX | (415) 281-1350 |
| Name (Print/Type) | Brian M. Hoffman | | | Registration No. (Attorney/Agent) | 39,713 |
| Signature |  | | | Date | September 12, 2000 |

The PTO did not receive the following
 listed item(s) a check of 3165

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| 0002/PTO(modified) Rev. 10/95 | U.S. Department of Commerce Patent and Trademark Office | Complete if Known | |
| FEE TRANSMITTAL | | Application Number | NEW |
| | | Filing Date | HEREWITH |
| | | First Named Inventor | James H. Parry <i>et al.</i> |
| | | Group Art Unit | Unassigned |
| | | Examiner Name | Unassigned |
| TOTAL AMOUNT OF PAYMENT | | Attorney Docket Number | 21706-04982 |
| Subtotal (1) + Subtotal (2) + Subtotal (3) = | | (\$ 40.00) | |

| METHOD OF PAYMENT | | FEE CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|------------------------------|--|---------------------------------|-----------------|----------|------------------------------|------------------------------|-----------------|----------|-----------------------------------|-----------|-------------------------------------|--------------------------|-----------|-----------|--|----------|-------------|---|--|--|---------------------|----------|--|-----------------|---|-----------|---|--|-----------|-----------|--|--|-------------|-----------|---|--|-------------|-----------|--|------------------------|-----------|---------------------------------|------------------|---------|-------------|-----------|--|---------|-------------|-----------|--------------------------------|---------|-----------|-----------|------------------|---|-----------|-----------|-------------------------------|---|----------|----------|---|---|-----------|-----------|--|----|--|----------|--|----|-----------|-----------|---|--|-----------|-----------|--|--|----------------------|--|--|--|----------------------|--|-----------------|--|---------------------|--|--|----------------|
| 1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge the indicated fees to the below mentioned deposit account. <input type="checkbox"/> Charge any additional fee required under 37 CFR 1.16 - 1.21 or credit any over payments to the below mentioned deposit account. [†] <input type="checkbox"/> Charge the Issue Fee set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b) to the below mentioned deposit account. Deposit Account Number: Deposit Account Name: FENWICK & WEST LLP <input checked="" type="checkbox"/> Duplicate Copy of this authorization is attached <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Other | | 3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>105/\$130</td> <td>205/\$65</td> <td>Surcharge - late filing fee or oath</td> <td></td> </tr> <tr> <td>127/\$50</td> <td>227/\$25</td> <td>Surcharge-late provisional filing fee or cover sheet</td> <td></td> </tr> <tr> <td>147/\$2,520</td> <td>147/\$2,520</td> <td>For filing a request for reexamination</td> <td></td> </tr> <tr> <td>115/\$110</td> <td>215/\$55</td> <td>Extension for response within first month[†]</td> <td></td> </tr> <tr> <td>116/\$380</td> <td>216/\$190</td> <td>Extension for response within second month[†]</td> <td></td> </tr> <tr> <td>117/\$870</td> <td>217/\$435</td> <td>Extension for response within third month[†]</td> <td></td> </tr> <tr> <td>118/\$1,360</td> <td>218/\$680</td> <td>Extension for response within fourth month[†]</td> <td></td> </tr> <tr> <td>128/\$1,850</td> <td>228/\$925</td> <td>Extension for response within fifth month[†]</td> <td></td> </tr> <tr> <td>119/\$300</td> <td>219/\$150</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>141/\$1,210</td> <td>241/\$605</td> <td>Petition to revive unintentionally abandoned application</td> <td></td> </tr> <tr> <td>142/\$1,210</td> <td>242/\$605</td> <td>Utility Issue Fee (Or Reissue)</td> <td></td> </tr> <tr> <td>143/\$430</td> <td>243/\$215</td> <td>Design Issue Fee</td> <td></td> </tr> <tr> <td>122/\$130</td> <td>122/\$130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123/\$50</td> <td>123/\$50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126/\$240</td> <td>126/\$240</td> <td>Submission of Information Disclosure Statement</td> <td></td> </tr> <tr> <td>581/\$40</td> <td>581/\$40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td>40</td> </tr> <tr> <td>146/\$690</td> <td>246/\$345</td> <td>Filing a submission after final rejection (37 CFR 1.129(a))</td> <td></td> </tr> <tr> <td>149/\$690</td> <td>249/\$345</td> <td>For each additional invention to be examined (37 CFR 1.129(b))</td> <td></td> </tr> <tr> <td colspan="2">Other fee (specify):</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Other fee (specify):</td> <td></td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (3)</td> <td>(\$ 40)</td> </tr> </tbody> </table> | | | | Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due | 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | | 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | | 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | 115/\$110 | 215/\$55 | Extension for response within first month [†] | | 116/\$380 | 216/\$190 | Extension for response within second month [†] | | 117/\$870 | 217/\$435 | Extension for response within third month [†] | | 118/\$1,360 | 218/\$680 | Extension for response within fourth month [†] | | 128/\$1,850 | 228/\$925 | Extension for response within fifth month [†] | | 119/\$300 | 219/\$150 | Notice of Appeal | | 141/\$1,210 | 241/\$605 | Petition to revive unintentionally abandoned application | | 142/\$1,210 | 242/\$605 | Utility Issue Fee (Or Reissue) | | 143/\$430 | 243/\$215 | Design Issue Fee | | 122/\$130 | 122/\$130 | Petitions to the Commissioner | | 123/\$50 | 123/\$50 | Petitions related to provisional applications | | 126/\$240 | 126/\$240 | Submission of Information Disclosure Statement | | 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | 40 | 146/\$690 | 246/\$345 | Filing a submission after final rejection (37 CFR 1.129(a)) | | 149/\$690 | 249/\$345 | For each additional invention to be examined (37 CFR 1.129(b)) | | Other fee (specify): | | | | Other fee (specify): | | | | SUBTOTAL (3) | | | (\$ 40) |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105/\$130 | 205/\$65 | Surcharge - late filing fee or oath | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127/\$50 | 227/\$25 | Surcharge-late provisional filing fee or cover sheet | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147/\$2,520 | 147/\$2,520 | For filing a request for reexamination | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115/\$110 | 215/\$55 | Extension for response within first month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116/\$380 | 216/\$190 | Extension for response within second month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117/\$870 | 217/\$435 | Extension for response within third month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118/\$1,360 | 218/\$680 | Extension for response within fourth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128/\$1,850 | 228/\$925 | Extension for response within fifth month [†] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119/\$300 | 219/\$150 | Notice of Appeal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141/\$1,210 | 241/\$605 | Petition to revive unintentionally abandoned application | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142/\$1,210 | 242/\$605 | Utility Issue Fee (Or Reissue) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143/\$430 | 243/\$215 | Design Issue Fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122/\$130 | 122/\$130 | Petitions to the Commissioner | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123/\$50 | 123/\$50 | Petitions related to provisional applications | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126/\$240 | 126/\$240 | Submission of Information Disclosure Statement | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581/\$40 | 581/\$40 | Recording each patent assignment per property (times number of properties) | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146/\$690 | 246/\$345 | Filing a submission after final rejection (37 CFR 1.129(a)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149/\$690 | 249/\$345 | For each additional invention to be examined (37 CFR 1.129(b)) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (3) | | | (\$ 40) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEE CALCULATION (fees effective 11/12/98) <table border="1"> <thead> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>01/\$690</td> <td>201/\$345</td> <td>Utility Filing</td> <td>345</td> </tr> <tr> <td>106/\$310</td> <td>206/\$155</td> <td>Design Filing</td> <td></td> </tr> <tr> <td>108/\$690</td> <td>208/\$345</td> <td>Reissue</td> <td></td> </tr> <tr> <td>114/\$150</td> <td>214/\$75</td> <td>Provisional Filing</td> <td></td> </tr> <tr> <td colspan="3">SUBTOTAL (1)</td> <td>(\$ 345)</td> </tr> </tbody> </table> | | Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due | 01/\$690 | 201/\$345 | Utility Filing | 345 | 106/\$310 | 206/\$155 | Design Filing | | 108/\$690 | 208/\$345 | Reissue | | 114/\$150 | 214/\$75 | Provisional Filing | | SUBTOTAL (1) | | | (\$ 345) | <table border="1"> <thead> <tr> <th colspan="2">(Col. 1)</th> <th colspan="2">(Col. 2)</th> <th colspan="2">(Col. 3)</th> <th colspan="2"></th> <th colspan="2"></th> </tr> <tr> <th>For</th> <th>No. of Existing Claims</th> <th>minus*</th> <th>Highest No. Previously Paid For</th> <th>=</th> <th>Extra**</th> <th>x</th> <th>Fee</th> <th>=</th> <th>Fee Due</th> </tr> </thead> <tbody> <tr> <td>TOTAL</td> <td>36</td> <td>minus*</td> <td>20 or 0</td> <td>=</td> <td>16</td> <td>x</td> <td>9</td> <td>=</td> <td>144</td> </tr> <tr> <td>INDEP</td> <td>4</td> <td>minus*</td> <td>3 or 0</td> <td>=</td> <td>1</td> <td>x</td> <td>39</td> <td>=</td> <td>39</td> </tr> <tr> <td colspan="10">[] First presentation of multiple dependent claim</td> </tr> <tr> <td colspan="8">SUBTOTAL (2)</td> <td colspan="2">(\$ 183)</td> </tr> </tbody> </table> | | | | (Col. 1) | | (Col. 2) | | (Col. 3) | | | | | | For | No. of Existing Claims | minus* | Highest No. Previously Paid For | = | Extra** | x | Fee | = | Fee Due | TOTAL | 36 | minus* | 20 or 0 | = | 16 | x | 9 | = | 144 | INDEP | 4 | minus* | 3 or 0 | = | 1 | x | 39 | = | 39 | [] First presentation of multiple dependent claim | | | | | | | | | | SUBTOTAL (2) | | | | | | | | (\$ 183) | | | | | |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01/\$690 | 201/\$345 | Utility Filing | 345 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106/\$310 | 206/\$155 | Design Filing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108/\$690 | 208/\$345 | Reissue | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114/\$150 | 214/\$75 | Provisional Filing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | (\$ 345) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (Col. 1) | | (Col. 2) | | (Col. 3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| For | No. of Existing Claims | minus* | Highest No. Previously Paid For | = | Extra** | x | Fee | = | Fee Due | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TOTAL | 36 | minus* | 20 or 0 | = | 16 | x | 9 | = | 144 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INDEP | 4 | minus* | 3 or 0 | = | 1 | x | 39 | = | 39 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [] First presentation of multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | | | | | (\$ 183) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. CLAIMS <table border="1"> <thead> <tr> <th>Large Entity Fee Code/Fee</th> <th>Small Entity Fee Code/Fee</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103/\$18</td> <td>203/\$9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102/\$78</td> <td>202/\$39</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104/\$260</td> <td>204/\$130</td> <td>Multiple dependent claim</td> </tr> <tr> <td>109/\$78</td> <td>209/\$39</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110/\$18</td> <td>210/\$9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> | | Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | 103/\$18 | 203/\$9 | Claims in excess of 20 | 102/\$78 | 202/\$39 | Independent claims in excess of 3 | 104/\$260 | 204/\$130 | Multiple dependent claim | 109/\$78 | 209/\$39 | Reissue independent claims over original patent | 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee Code/Fee | Small Entity Fee Code/Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103/\$18 | 203/\$9 | Claims in excess of 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102/\$78 | 202/\$39 | Independent claims in excess of 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104/\$260 | 204/\$130 | Multiple dependent claim | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109/\$78 | 209/\$39 | Reissue independent claims over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110/\$18 | 210/\$9 | Reissue claims in excess of 20 and over original patent | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SUBMITTED BY

Typed or Printed Name

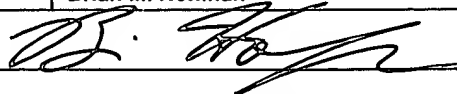
Brian M. Hoffman

Complete (if applicable)

Reg. Number

39,713

Signature



Date

September 12, 2000

[†] Request for Extension of Time per 37 CFR 1.136 (a)(3) made hereby
Rev. 11/04/99